

TRAVEL VOUCHER		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE A/OPR/LS		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. 108763A0000	
(Read the Privacy Act Statement on the back)						4. SCHEDULE NO.	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) TRAVELER, FRED			b. SOCIAL SECURITY NO. 000-00-0002		6. PERIOD OF TRAVEL a. FROM 10/1/05 b. TO 10/25/05	
	c. MAILING ADDRESS (Include ZIP Code) 1234 UNIVERSITY LANE HOMETOWN, MD 20877			d. OFFICE TELEPHONE NO. (000) YOUR #		7. TRAVEL AUTHORIZATION a. NUMBER(S) 108763A00 00 b. DATE(S) 10/1- 10/25	
	e. PRESENT DUTY STATION N/A			f. RESIDENCE (City and State) HOMETOWN, MD		10. CHECK NO.	
8. TRAVEL ADVANCE		\$3250.00		9. CASH PAYMENT RECEIPT		11. PAID BY	
a. Outstanding		\$3250.00		a. DATE RECEIVED b. AMOUNT RECEIVED			
b. Amount to be applied				c. PAYEE'S SIGNATURE			
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)							
d. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PUR- CHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable Transportation charges described below, purchased under cash payment procedures (FPMR 101-7) Traveler's Initials					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CAR- RIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOM- MODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL FROM (e) TO (f)	
0127581831470		\$1157.90	NWA	Economy	12/7/05	DCA BTR DCA	
ALL SUPPORTING RECEIPTS MUST BE SUBMITTED WITH THE TRAVEL VOUCHER. NO RECEIPTS, YOUR TRAVEL VOUCHER WILL BE RETURN TO YOU-- UNPROCESSED.							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							
TRAVELER SIGN HERE Fred Traveler					DATE 10/26/05		\$ 4272.41
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a). APPROVING OFFICIAL SIGN HERE					17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
					a. DIFFER- ENCNESS, IF ANY (Explain and show amount)		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO.		b. D.O. SYBOL		c. MONTH & YEAR			
15. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE					d. NET TO TRAVEL		
18. ACCOUNTING CLASSIFICATION							

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER

(Unlisted items are self-explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization).

Col. (d) Show amount incurred for each meal, including tax and tips, and daily total only for actual expense travel.

(n) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

(i) Complete for per diem and actual expense travel.

(k) Show total subsistence expense incurred for actual expense travel.

(m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (i) or maximum rate.

(n) Show expenses, such as: taxilimousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet. OF PAGES

TRAVEL AUTHORIZATION NO. 108763A000

TRAVELER'S LAST NAME TRAVELER

DATE	TIME	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expenses)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE		AMOUNT CLAIMED		
			MEALS				MISCEL- LANEOUS SUBSIS- TENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	RATE .375	MILEAGE	SUBSISTENCE	OTHER
(a)	(b)	(c)	BREAK FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	
10/1		TAXI TO AIRPORT											45.00	
		POV TO AIRPORT								25	9.38			
10/1		FIRST DAY MEIE 75%					31.50		31.50			31.50		
10/1-25		24 NIGHTS HOTEL + HOTEL TAX						78.00	1872.00			1872	230.30	
10/2-10-24		23 DAYS MEIE					42.00		966.00			966.00		
10/25		RENTAL CAR										937		
10/25		GASOLINE											76	
10/25		LAST DAY MEIE					31.50		31.50			31.50	10/25	
10/25		POV TO HOME OR TAXI TO HOME								25	9.38		45.00	
10/26		FEDEX VOUCHER											15.75	

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If additional space is required, continue on another SF 1012-A BACK. Leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 87 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11809 of July 22, 1971, E.O. 11612 of March 27, 1962, E.O. 9397 of November 22, 1963, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the

criminal, or regulatory investigations or prosecution, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6109) and E.O. 9397, November 22, 1963, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL